

It is a hobby of mine that a few minutes of time from each meeting for class should be devoted to the ethical side of nursing, and these demonstrations not excepted.

NURSE AND PATIENT

By MRS C. G. CURTIS.

IN the very early days of the Boston Training-School for Nurses this question was asked of one of those who from the first assisted in the efforts to make it successful, "How many first-rate nurses do you expect to graduate during the year?" and the answer was, "Just so many as first-rate women enter the school."

This answer was no more true of nursing than of any other profession, and is equally applicable to men and women. But there is this difference: that in scarcely any other position in life, out of one's own home, where we have the right to expect consideration, do personal characteristics count so much for or against success.

The two wise and interesting articles written by Dr. S. Weir Mitchell and by Dr. Worcester in the August number of *THE AMERICAN JOURNAL OF NURSING* have suggested to me that some thoughts concerning the qualities needed to make that profession a successful and agreeable relation between nurse and patient might be useful. They are given as the outcome of an experience of more than twenty years as director on the board of a large training-school, and of careful observation,—I will not say of both sides, for I think the relation must be considered as a copartnership to be a satisfactory one, but of the natural reasons why nurse and patient, coming together without previous knowledge of each other, should each need some forbearance. When you add to this that the usual family routine must be carried on with added work in each department, what wonder is it that without care and consideration friction should come? I speak now of the average household; of course, there are large establishments where the addition of illness would be of less consequence, so far as mere work is concerned.

I happened to be placed in a position where, as a director, I heard from the first many criticisms of the school, levelled, I must say, against the Board of Directors quite as much as against the nurses, and had to answer every kind of complaint, from the most reasonable to "Why cannot you teach your nurses to light the gas without making it pop?" This naturally led me to give much thought to those who required to be nursed, as well as to those who were to do the nursing, with the

result that I felt it was unreasonable not to take into consideration the fact that the public had to be trained to use this new development of the art of nursing as much as the nurses to rise above the old standard.

I was present at the meeting held to consider the first measures to be taken towards establishing the school, or, rather, to find what chance there was that the Massachusetts General Hospital would allow the experiment to be tried there. There already existed a small Training-School at the New England Hospital for Women and Children, but it was desired to establish one in a larger hospital including both men and women. The meeting was opened by the chairman, who in her address used an expression I have always remembered,—that up to this time the advent of a nurse into the household was regarded with horror. It impressed me, because I had had not long before an experience so opposite, of a nurse who had left with me the sense of having for once in my life been relieved from all responsibility for myself and my belongings—a genuine New England woman, who also treated the household below with perfect consideration, and carried their good wishes with her when she left the house. The words I have quoted show what an entire revolution was expected in nursing, and yet one would suppose, sometimes, to hear the account given of an unfortunate experience in the choice of a nurse, that there were no such trials “in the good old times.” But it was then as now: under some circumstances character may count for more than knowledge, and, as Emerson says, “Manners are the happy ways of doing things.”

I wish that I could hope to express some of my thoughts concerning nursing in anything like the clear and searching words in which Dr. Worcester defined his meaning of it, considered as a profession. What I will attempt is to give my impressions as an elderly woman when I have seen young women entering into a new sphere where to work wisely as well as happily would often tax the experience gained in years. I do not speak only of the pupils who graduate from their school at twenty-five or thereabouts, but even of those who have taken up their training at a later age than the average. At whatever age that may be, if the nurse goes straight from a hospital to the practice of her profession, she is entering into a new world. Then too she is usually summoned so suddenly that no opportunity is given for settling the details of the position she is to hold. Were she going as governess, for instance, all that would have been arranged beforehand, and she, as well as her employer, have known something of each other. The engagement certainly would not have been made over a telephone.

A nurse's hospital experiences, even in private wards, do not bring

her the knowledge of what it is to encounter one new household after another, each differing in some way from the last. A very wise superintendent of the Training-School often said, in summing up the career of a pupil, "She is eminently fitted for institution work," or, "I think she will always give satisfaction in private nursing,"—meaning, as I understood her, that the one was more ready to submit herself to the hospital laws, and could therefore better teach them to her pupils, and that the other had more adaptability, more capacity for accepting the inevitable, even in the form of a trying patient, or, perhaps, the patient's still more trying surroundings. There is one rule which I think applies equally to both nurse and household: that what is owed as a duty is also wisest as policy in dealing one with another. Of course, a nurse's rights are defended by acknowledged regulations concerning hours of rest, sleep, exercise, etc. If the patient is not the member of the family usually at the head of the house, and so taken off duty, I think, as a rule, there will be no lack of proper consideration of the nurse. To the nurse herself certain rules as to her duties beyond the actual care of the patient are a part of her instruction; but even these cannot be made absolute, for the very difficulty of the position lies in the fact that each household is a new experience.

But there are two pieces of advice which will hold good anywhere: Show the same consideration in word and deed to the domestics of the house you would feel obliged to show them in your own housekeeping if you thought of what would most tend to good service. And never let sensitive imaginings lead you to think yourself slighted if others of the family do not treat you with as much intimacy as perhaps exists between you and your patient. Sir Arthur Helps says in one of his books, "Friends in Council," I think, "If people would only exercise their imaginations in imagining that others think as well and kindly of them as they do of those others, the world would be a much more comfortable place to live in."

We all have one or two friends whom we love, perhaps, even more for the very organization which makes us know that they must be touched gently; but beware if you find that element in yourself; it will interfere, not only with your usefulness to others, but even with the pleasure you might receive from them.

And now as to the duty owed to the nurse by those among whom she comes, a stranger, knowing her new responsibility only as a case to be dealt with to the best of her knowledge. That the public needs to be trained for the nurses, as well as the nurses for it, was far more applicable, I trust, in the earlier years than now. Then, outside of those actively occupied in the labor of organizing the school, people in general

really knew very little of the amount expended in time, thought, and money by intelligent men and women to bring its existence to pass. Though I was deeply interested in the school, I was surprised when, having occasion to examine the reports of the directors' meetings from its beginning, to find what an immense amount of work was represented, often done under discouragement.

A great improvement in the art of nursing was hoped for, but it was not realized that the whole plan necessarily led up to an education which would alter the standing of nurses. Instead of a woman's taking up nursing without any preparation beyond her own decision, that education represents two or three years of lost time, so far as money-making is concerned.

Then too people so rarely reason out an inconvenient change. For instance, the greatly increased price is a grievance, very naturally, when it necessitates economy for a long time after the recovery of the patient.

I happen to know that in an interval of ten years, from the fifties to the sixties, the price paid a nurse went from six dollars to ten, therefore it is easy to suppose that by the year 1900 it would have much increased under any circumstances. I was assured by two doctors in large practice that their night-bells had become almost useless in consequence of the presence of an experienced nurse upon the spot, who, when no necessity of calling in the doctor existed, decided the question in the negative and reassured the patient, thus saving the cost of a night visit. One experience of being able, in sore need, to go to a telephone and summon a nurse to your aid within half an hour, balanced against the recollection of the time when valuable hours were wasted in a weary search for one, will go far to make one grateful for the change wrought in thirty years, at whatever cost. As this article, if having an interest to anyone, will probably be read only by nurses, it may seem as if ideas offered to the public were out of place in it; but I give them to explain in some degree why a trained nurse is not always regarded as the blessing she was intended to be, and as she so often is.

When the hospitals over the country are pouring out hundreds of nurses every year, how is it possible that among them there should not be a number whom their fellow-nurses would as gladly suppress as would the public?

Someone has said that there is not so great a lack of sympathy in the world as of imagination, and so, if my article were worth a motto, I think the title of Charles Reade's novel would be equally applicable to nurse, patient, and household, "*Put Yourself in His Place.*"